



SBA

Luogo e data

1. ADMISSION LIBRARY SERVICES FORM

I, the undersigned

Surname*Name

Place and date of birth

Citizenship.....

Tax code (only for italian citizens)

Residence address (country, city/town, postcode).....

.....

Type of documentdocument number.....

Issued by.....date of document issue.....

e-mail.....

Phone.....Mobile phone.....

ask to be admitted to library services of University Library System

for the period since to

reason for asking

The personal data supplied are necessary to deliver the requested services. Personal information will be treated confidential according to the law (D. Lgs. 196/2003).

Phone numbers and e-mail addresses are stored for services communications only.

Applier's Signature

2. PART FOR POLITECNICO PROFESSOR SUBMITTING THE REQUEST

(fill only for visiting professors)

I, the professor

Surname.....

Name.....

qualification.....

Phone / e-mail.....

Department.....

ask for the admittance of the applier indicated at pont 1 to library services

for the period sinceto.....

reason for asking.....

The personal data supplied are necessary to deliver the requested services. Personal information will be treated confidential according to the law (D. Lgs. 196/2003).

Phone numbers and e-mail addresses are stored for services communications only.

Professor's Signature

stamp of the Department

* surname and name must be the same as on the identity document